

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101580492	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1			51					
2		1		1		52					
3						53					
4		1			1	54					
5		1				55					
6		1			1	56					
7		1				57					
8		1			1	58					
9		1				59					
10		1			1	60					
11		1				61					
12		1	1		1	62					
13	1		1			63					
14		1		1		64					
15						65					
16						66					
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38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.		↓	2	↓	↓	TOTAL IND.		↓	↓	↓	
TOTAL DEP.	←	12	←	←	←	TOTAL DEP.	←	←	←	←	
TOTAL CLAIMS		14				TOTAL CLAIMS					